

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 01017/40451C | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------|---|---------------|--|------------|-------------------------|--|--|-------|------|----------|--|-------|-------|---------------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number 08/444,791-Conf. #5613 | | Filed May 19, 1995 | | | | | | | | | | | | | | | | | | | | | | | | | |
| For HUMAN TNF RECEPTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit 1644 | | Examiner R. B. Schwadron | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$150</td> <td style="text-align: center;">\$75</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$560</td> <td style="text-align: center;">\$280</td> <td style="text-align: center;">\$ 560.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1270</td> <td style="text-align: center;">\$635</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1980</td> <td style="text-align: center;">\$990</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2690</td> <td style="text-align: center;">\$1345</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855 .</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 33,547</p> <p style="padding-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____ / Li-Hsien Rin-Laures / Signature</p> <p style="text-align: center;">_____ Li-Hsien Rin-Laures Typed or printed name</p> </div> <div style="width: 45%;"> <p style="text-align: center;">_____ November 23, 2011 Date</p> <p style="text-align: center;">_____ (312) 474-6300 Telephone Number</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of 1 forms are submitted.</p> | | | | | <u>Fee</u> | <u>Small Entity Fee</u> | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$150 | \$75 | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$560 | \$280 | \$ 560.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1270 | \$635 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1980 | \$990 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2690 | \$1345 | \$ _____ |
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